U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3/24	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Pete DiRaffaele	Name Chicago Regional Council of Carpenters
	Labor Organization File Number 001-949
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 12 East Erie	Street 12 East Erie
City Chicago	City Chicago
State Illinois ZIP Code + 4 60611	State 111inois ZIP Code + 4 60611
5. Position in labor organization. Business Representative	The second secon
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
F.U. Box, Blog., Room No., II ally	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed fute Tologhame On 7/1/05 312/787-3076  Date Telephone Number	

Name of Person Filing Pete DiRaffaele	File Number U- 3/34	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Whitfield & McGann	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any Suite 1601	c. Employer	
Street Two North LaSalle	Lesipod Carriero Control Contr	
City Chicago		
State Illinois ZIP Code + 4 60602		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Business Meals & Promotion	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City City Company Comp	11.b. Approximate dollar value of such dealing. \$250  12.a. Nature of interest held or income received.	
State ZIP Code + 4	2.a. readure of interest need of income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
Control (and PET A control and angular control and a contr		
P.O. Box, Bidg., Room No., if any		
Street		
City State ZIP Code + 4		
Personal and a second control of the second		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

## **DISCLAIMER**

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature

Date